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CONFIRMATION NO. 8233

|  |   |                               |   |  |                                |
|--|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/618,797   | <b>FILING OR 371(c) DATE</b><br>07/15/2003<br><b>RULE</b>   | <b>CLASS</b><br>435           | <b>GROUP ART UNIT</b><br>1646   | <b>ATTORNEY DOCKET NO.</b><br>PF527ND1 |                                |
| <b>APPLICANTS</b><br>Steven M. Ruben, Brookeville, MD;<br>Kevin P. Baker, Darnestown, MD;<br>Jian Ni, Germantown, MD;<br><i>EJA</i>  |   |                               |   |  |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a DIV of 09/848,295 05/04/2001 PAT 6,623,941 which claims benefit of 60/202,193 05/05/2000<br><i>EJA</i>  |   |                               |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b> <i>none</i>   |   |                               |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 12/02/2003</b>   |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <i>Examiner's Signature</i> <i>EJA</i><br>Allowance Initials |   | <b>STATE OR COUNTRY</b><br>MD | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>64              | <b>INDEPENDENT CLAIMS</b><br>6 |
| <b>ADDRESS</b><br>22195  |   |                               |   |  |                                |
| <b>TITLE</b><br>Human tumor necrosis factor TR20 and methods based thereon   |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>2290   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |